



Iowa Department of Transportation

PARENTS' WRITTEN CONSENT TO ISSUE PRIVILEGE TO DRIVE OR AFFIDAVIT TO OBTAIN DUPLICATE

Clerk _____

Control # _____

Date _____

SS # _____

Parent's or Guardian's proof of identity when form is used to identify minor.

(Read Reverse Side Before Starting)

THE FOLLOWING INFORMATION TO BE GIVEN UNDER AFFIRMATION

I, _____ hereby request that the Department of Transportation accept the application of my minor _____ for the privilege of operating a motor vehicle upon the public highways subject to such restrictions as may be necessary in the issuance of the license. I certify that the following description is true.

Minor's Full Name _____
First Middle Last

Street No. or Rural Rt. _____

City or Town _____ Zip _____

DATE OF BIRTH: _____
MONTH DAY YEAR

Minor Applicant's
Usual Signature _____

I, _____ agree, that this affidavit shall be written consent to proceed with the issuance of an:

- | | |
|--|--|
| <input type="checkbox"/> Operator Instruction Permit | <input type="checkbox"/> Full-Privilege Driver's License |
| <input type="checkbox"/> Motorcycle Instruction Permit | <input type="checkbox"/> Minor's Restricted License |
| <input type="checkbox"/> Motorized Bicycle License | <input type="checkbox"/> Motorcycle License |
| <input type="checkbox"/> Intermediate Driver's License | |

I further certify that I, or a co-parent/guardian, have complied with the provisions of Section 321.180B, Code of Iowa, requiring me/us to provide supervised practice drive time prior to issuance as follows:

- ☐ INTERMEDIATE DRIVER'S LICENSE: Twenty hours, two hours were between the hours of sunset and sunrise.
- ☐ FULL-PRIVILEGE DRIVER'S LICENSE: Ten hours, two hours were between the hours of sunset and sunrise.

I HEREBY CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE.

Signature _____

Verified and affirmed before me by _____ at _____

County _____ Iowa, this _____ day of _____

Notary Public